

Ellenoff Grossman & Schole LLP

Exhibit B

150 East 42nd Street
New York, NY 10017
Telephone: (212) 370-1300
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www.cgslip.com

June 30, 2009

VIA FEDERAL EXPRESS

Surrogate's Court of Westchester County
140 Grand Street
White Plains, New York 10601
Attn: Ed

Re: Estate of Adrian Ward Quinn

Dear Ed:

As per our telephone conversation on June 17, 2009, enclosed please find the following documents:

1. Petition for Letters of Temporary Administration.
2. Copy of the Divorce of Ceista Quinn and Adrian Quinn.
3. Citation to be issued for Theresa Ramirez.

As we discussed, we are seeking preliminary letters to allow the estate to take care of urgent business with regard to the decedent's interest in a car dealership in Mount Kisco, New York.

Thank you in advance for your attention to this matter.

Very truly yours,

Susan D. Schachne

Enclosures

ADMINISTRATION CITATION

File No. 2009-1347

SURROGATE'S COURT - Westchester COUNTY

CITATION

THE PEOPLE OF THE STATE OF NEW YORK,
By the Grace of God Free and Independent,

TO Theresa Ramirez

A petition having been duly filed by Adrianne Ashanti Quinn, who is domiciled at

958B Heritage Hills, Somers, NY 10589

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, Westchester

County, at _____, New York, on _____, 2009
at _____ o'clock in the _____ noon of that day, why a decree should not be made in the estate of

Adrian Ward Quinn

latey domiciled at 958B Heritage Hills Somers, NY 10589

in the County of Westchester, New York, granting Letters of Administration upon the estate of
the decedent to Adrianne Ashanti Quinn or to such other person as may be entitled thereto.

(State any further relief requested)

Dated, Attested and Sealed,

HON. _____
Surrogate

_____, 20 09

(Seal)

Chief Clerk

Name of Susan D. Schachne

Attorney for Petitioner Ellanoff Grossman & Schole LLP Tel. No. 212-370-1300

Address of Attorney 150 East 42nd Street, 11th Floor New York, NY 10017

Note: This citation is served upon you as required by law. You are not required to appear. If you fail to appear it will be assumed you do not object to the relief requested. You have a right to have an attorney-at-law appear for you.

For Office Use Only
Filing Fee Paid \$ _____
Certs \$ _____
Bond Fee: _____
Receipt No: _____ No: _____

DO NOT LEAVE ANY ITEMS BLANK

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF Westchester

-----X
ADMINISTRATION PROCEEDING,
Estate of Adrian Ward Quinn
a/k/a _____

PETITION FOR LETTERS OF:

- ☐ Administration
☐ Limited Administration
☒ Administration with Limitations
☒ Temporary Administration
File No. 2009-1347

Deceased

-----X
TO THE SURROGATE'S COURT, COUNTY OF Westchester
It is respectfully alleged:

1. The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

Name: Adrianne Ashanti Quinn

Domicile: 3588 Heritage Hills Somers
(Street Address) (City/Town/Village)
Westchester NY 10589
(County) (State) (Zip) (Telephone Number)

Mailing address is: _____
(if different from domicile)

Citizenship (check one): ☒ U.S.A. ☐ Other (specify) _____

Interest of Petitioner (check one):

☒ Distributee of decedent (state relationship) Daughter

☐ Other (specify) _____

Is proposed Administrator an attorney? ☐ Yes ☒ No [If yes, submit statement pursuant to 22 NYCRR 207.16(a); see also 207.62 (Accounting of attorney-fiduciary).]

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows:
[The Death Certificate must be filed with this proceeding. If the decedent's domicile is different from that shown on the death certificate, check box ☐ and attach an affidavit explaining the reason for this inconsistency.]

Name: Adrian Ward Quinn
Domicile: 35588 Heritage Hills Somers
(Street Number) (City, Village/Town)
NY 10589
(State) (Zip Code)
Township of: Somers County of: Westchester
Date of Death: March 1, 2009 Place of Death: Jacobi Medical Center, Bronx, New York
Citizenship: (check one): ☒ U.S.A. ☐ Other (specify) _____

[Note: For items 3a through c: Do not include any assets that are jointly held, held in trust for another, or have a named beneficiary.]

3. (a) The estimated gross value of the decedent's personal property passing by intestacy is less than

\$ 250,000

(b) The estimated gross value of the decedent's real property, in this state, which is ☒ improved, ☐ unimproved,

passing by intestacy is less than

\$ 250,000

A brief description of each parcel is as follows:

Condominium in Heritage Hills Somers New York

(c) The estimated gross rent for a period of eighteen (18) months is the sum of \$ 0

(d) In addition to the value of the personal property stated in paragraph (3) the following right of action existed on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein: [Write "NONE" or state briefly the cause of action and the person against whom it exists, including names and carrier].

None

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here ☐ and furnish names(s) and address(es) of parent(s) in Paragraph 7. See EPTL 5-4.4.

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) (has) (have) been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2:

a. No ☐ Spouse (husband/wife).

b. 2 ☐ Child or children or descendants of predeceased child or children. [Must include marital, nonmarital and adopted].

c. X ☐ Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).

d. X ☐ Mother/Father.

e. X ☐ Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.

f. X ☐ Grandmother/Grandfather.

g. X ☐ Aunts or uncles, and children of predeceased aunts and uncles (first cousins).

h. X ☐ First cousins once removed (children of first cousins).

[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes].

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office address and citizenship are as follows:

[Note: Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death, and relationship of the ancestor to the decedent. Use rider sheet if space in paragraph (7) is not sufficient. See Uniform Rules 207.16(b).
If any person listed in paragraph (7) is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If any person listed in paragraph (7) was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B].

7a. The following are of full age and under no disability: [If nonmarital or adopted-out person, so indicate by attaching Schedule A and/or B]

Name	Relationship	Domicile and Mailing Address	Citizenship
See Schedule	Attached		

7b. The following are infants and/or persons under disability: [Attach applicable Schedule A, B, C, and/or D]

Name	Relationship	Domicile and Mailing Address	Citizenship
None			

8. There are no outstanding debts or funeral expenses, except: [Write "NONE" or state same]

Have yet to determine extent to which decedent
may have personally guaranteed corporate debt

Schedule 7a to Petition for Temporary Administration
Estate of Adrian Ward Quinn

Name	Address	Description of Interest
Adrienne Ashanti Quinn	358B Heritage Hills Somers, N.Y. 10589	Petitioner, Distributee, Residuary beneficiary per Article SECOND of the Will
Adrian S. Quinn	51 Birch Hill Drive Poughkeepsie, NY 12603	Distributee, Residuary beneficiary per Article SECOND of the Will

e. There are no other persons interested in this proceeding other than those hereinbefore mentioned.

WHEREFORE, your petitioner respectfully prays that: [Check and complete all relief requested]

- ☐ a. process issue to all necessary parties to show cause why letters should not be issued as requested;
- ☐ b. an order be granted dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and who are non-domiciliaries or whose names or whereabouts are unknown and cannot be ascertained;
- ☒ c. a decree award Letters of:
- ☐ Administration to _____
- ☐ Limited Administration to _____
- ☐ Administration with Limitation to _____
- ☐ Temporary Administration to Adrianne Ashanti Quinn

or to such other person or persons having a prior right as may be entitled thereto, and;

- ☐ d. That the authority of the representative under the foregoing Letters be limited with respect to the prosecution or enforcement of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgement or receive any funds without further order of the Surrogate.

- ☐ e. That the authority of the representative under the foregoing Letters be limited as follows:

f. [State any other relief requested.] _____

Dated: 6/24/09

1. Adrianne Ashanti Quinn
(Signature of Petitioner)

2. _____
(Signature of Petitioner)

Adrianne Ashanti Quinn
(Print Name)

(Print Name)

STATE OF NEW YORK)
COUNTY OF Dutchess) ss:

COMBINED VERIFICATION, OATH AND DESIGNATION
[For use when petitioner is to be appointed administrator]

I, the undersigned the petitioner named in the foregoing petition, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF ADMINISTRATOR as indicated above: I am over eighteen (18) years of age and a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of Westchester County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is: 358B Heritage Hills Somers NY 10589
(Street/Number) (City, Village/Town) (State) (Zip)

Adrian Ashanti Quinn
Signature of Petitioner

On the 19th day of June, 2009, before me personally came

Adrianne Ashanti Quinn

to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed the same.

Linda F. Dalton
Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

LINDA F. DALTON
Notary Public, State of New York
No. 01DA5053099
Qualified in Dutchess County
Commission Expires Dec. 11, 2009

Signature of Attorney: Susan D. Schachne

Print Name: Susan D. Schachne

Firm Name: Ellenoff Grossman & Schole LLP Tel. No.: 212-370-1300

Address of Attorney: 150 East 42nd Street 11th Floor New York, NY 10017

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
MAR-05-2009 09:15 PM

CERTIFICATE OF DEATH

Certificate No.

156-09-009553

1. DECEDENT'S
LEGAL NAME **ADRIAN QUINN**
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by Physician)	2a. New York City 2b. Borough Death Bronx	2c. Type of Place 1 <input checked="" type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	2d. Any Hospice care in last 90 days 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) Jacobi Medical Center
	Date and Time of Death 3a. (Month) (Day) (Year/yyyy) March 01 2009	3b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 02:57	4. Sex Male	5. Date last attended by a Physician mm dd yyyy 03 01 2009	
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge (traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Physician LESINSKI (Type or Print)		Signature Lesinski		Date 3/4/09	
Address 1400 Pelham Parkway S, Bronx, New York 10461					
License No. 119355					
7a. Usual Residence State NEW YORK	7b. County WESTCHESTER	7c. City or Town SOMERS	7d. Street and Number 358 B HERITAGE	Apt. No. HILLS N.Y 10589	7e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Date of Birth (Month) (Day) (Year/yyyy) OCTOBER 23 1948	9. Age at last birthday (years) 60	10. Social Security No. 381-50-4019		11. Usual Occupation (Type of work done during most of working life. Do not use "retired") CAR DEALER	
12. Birthplace (City & State or Foreign Country) DETROIT MICHIGAN		13. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		14. Adverses or AKAs ADRIAN W. QUINN	
15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		16. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input checked="" type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify		17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) MILDRED WARD	
18. Father's Name (First, Middle, Last) ARVIE T QUINN Sr.		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) MILDRED WARD		20a. Address (Street and Number Apt. No. City & State ZIP Code) 51 BIRCH HILLS DR. Poughkeepsie NY 12603	
20b. Informant's Name ADRIANNE QUINN		20c. Relationship to Decedent DAUGHTER		21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City/Cemetery 5 <input type="checkbox"/> Other Specify	
21b. Location of Disposition (City & State or Foreign Country) MT. KISCO NEW YORK		21c. Date of Disposition mm dd yyyy MARCH 6 2009		22a. Funeral Establishment CASSIDY-FLYNN FUNERAL HOME	
22b. Address (Street and Number City & State ZIP Code) 288 HAIN STREET MT KISCO NY 10549					

VR 15 (Rev. 11/09)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

DATE ISSUED

Mar 05 2009

Steven P. Schwartz, Ph.D., City Registrar



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